## 01510160200269185

FEC FORM 3

## REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

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1.	NAM	E OF	:	
CC	MMI	TTEE	E (in	full)

**TYPE OR PRINT** 

Example: If typing, type over the lines.

12FE4M5 15 OCT 15 PM 3: 21

		r St, Ste 103			
	c/o Cacace	e Tusch & Santagata .			
Check if different than previously	Stamford	CT 06901			
reported. (ACC)	Cl	STATE ZIP CODE			
FEC IDENTIFICATION I	NUMBER	IS THIS NEW ANTENDED STATE DISTRIC	СТ		
γ····································		IS THIS NEW OR AMENDED STATE DISTRIC	01		
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TYPE OF REPORT (C	hansa Ona)				
TIPE OF REPORT (C	choose One)				
(a) Quarterly Reports:		(b) 12-Day PRE-Election Report for the:			
April 15 Quarterly	Report (Q1)	Primary (12P) General (12G) Runoff (12R)			
July 15 Quarterly F		Convention (12C) Special (12S)			
October 15 Quarte	,				
January 31 Year-End Report (YE)		Election on State of			
	ind report (TE)				
		(c) 30-Day POST-Election Report for the:			
		General (30G) Runoff (30R) Special (30S)			
Termination Repor	t (TER)	Election on in the State of			
		State of			
Covering Period	04/01/2015	through 06/30/2015			
ertify that I have examin	ed this Report and i	to the best of my knowledge and belief it is true, correct and complete.			
		to the best of my knowledge and belief it is true, correct and complete.  h Zamore			
certify that I have examin ype or Print Name of Tre ignature of Treasurer					
rpe or Print Name of Tre gnature of Treasurer	asurer Judith	h Zamore  Date [10/15/15]	: 437		
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